

WHITTIER BUCHANAN

PLAINTIFF/PETITIONER/MOVANT'S NAME

K-02554

PRISON NUMBER

PLEASANT VALLEY STATE PRISON  
(P.V.S.P.)

PLACE OF CONFINEMENT

P.O. Box 8501

COALINGA, CA. 93210  
ADDRESS

FILED

JUL 17 2008

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY *WAT* DEPUTYUnited States District Court  
Southern District Of California

2254	1983
FILING FEE PAID	
Yes	No <input checked="" type="checkbox"/>
IFP MOTION FILED	
Yes	No <input checked="" type="checkbox"/>
CONSENT TO	
Court	ProSe

WHITTIER BUCHANAN

Plaintiff/Petitioner/Movant

v.  
E. GARZA; L. FUGA;  
ET AL.

Defendant/Respondent

Civil No. '08 CV 1290 BTM BLM

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I,  
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)  
If "Yes," state the place of your incarceration PLEASANT VALLEY STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

N/A

N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

IN 1995 I WAS ON UNEMPLOYMENT —  
DISABILITY. I DIDN'T WORK

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment ☐ Yes ☒ No
- b. Rent payments, royalties interest or dividends ☐ Yes ☒ No
- c. Pensions, annuities or life insurance ☐ Yes ☒ No
- d. Disability or workers compensation ☐ Yes ☒ No
- e. Social Security, disability or other welfare ☐ Yes ☒ No
- e. Gifts or inheritances ☐ Yes ☒ No
- f. Spousal or child support ☐ Yes ☒ No
- g. Any other sources ☒ Yes ☐ No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

SOMETIMES IN A 'BLUE-MOON', SOMEBODY MIGHT SEND ME A  
FEW DOLLARS. I EXPECT NOTHING. (AND USUALLY THAT'S WHAT I RECEIVE)

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: N/A Year: N/A Model: N/A

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. N/A

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Nobody dependent for my support

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

THE WONDERFUL DEPARTMENT OF CORRECTIONS  
TAKES CARE OF ALL MY day-to-day EXPENSES.

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

DATE July 14, 2008

Johnathan Buchanan

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
**(Incarcerated applicants only)**  
 (To be completed by the institution of incarceration)

I certify that the applicant Whittier Buchanan  
 (NAME OF INMATE)

K02554  
 (INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at Pleasant Valley State Prison  
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0  
 to his/her credit according to the records of the aforementioned institution. I further certify that **during**  
**the past six months** the applicant's *average monthly balance* was \$ 29.26  
 and the *average monthly deposits* to the applicant's account was \$ 38.83

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

7/3/08  
 DATE

Tammy Neal  
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Tammy Neal  
 OFFICER'S FULL NAME (PRINTED)

Account Clerk II  
 OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, WHITTIER BUCHANAN/K.02554, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE July 14, 2008

Whittier Buchanan

SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS  
PLEASANT VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 03, 2008 THRU JUL. 03, 2008

ACCOUNT NUMBER : K02554  
ACCOUNT NAME : BUCHANAN, WHITTIER  
PRIVILEGE GROUP: A  
BED/CELL NUMBER: AFB2T1000000107L  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	06/03/2008		BEGINNING BALANCE					0.00
01/11	D300	CASH DEPOSIT	2894 MR			25.00		25.00
01/25	D300	CASH DEPOSIT	3042 MR			25.00		50.00
03/13	FC01	DRW-FAC 1	3381 FACA				50.00	0.00
03/13	D300	CASH DEPOSIT	3863 M/R			100.00		100.00
03/09	FC01	DRW-FAC 1	4316 FAC A				100.00	0.00
05/02	D300	CASH DEPOSIT	4648 MR			31.00		31.00
05/05	D300	CASH DEPOSIT	4697 M/R			26.00		57.00
05/05	FR01	CANTEEN RETUR	704700				5.15-	62.15
05/08	FC01	DRW-FAC 1	4807 FAC A				62.15	0.00
05/27	D300	CASH DEPOSIT	5112 MR			26.00		26.00
06/11	FC01	DRW-FAC 1	5364 FAC A				26.00	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	233.00	233.00	0.00	0.00	0.00

CURRENT AVAILABLE BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *[Signature]*  
TRUST OFFICE

7/3/08